

Call Public Safety in case of

EMERGENCY
Dial 13



University of Rochester Medical Center
Code Team or Code Team Pediatric requests should be made
by calling “5-STAT” (x5-7828)

Revision 3

Section 1 describes the responses to a variety of emergency situations, which might occur in the University of Rochester Strong Memorial Hospital or Medical Center. An emergency is any condition for which immediate assistance is needed at the scene.

Assistance can be obtained by calling Public Safety (X13) and providing as much information as possible about the situation. Unless it is unsafe to do so, remain at the scene until Public Safety arrives.

Code Team or **Code Team Pediatric** should be made by calling "5-STAT" (X5-7828).

This Section covers emergencies within Strong Memorial Hospital, Ambulatory Care Facility, Ancillary Patient Care Areas, Psychiatry, Wilmot Cancer Center and the Golisano Children's Hospital at Strong. It does not cover emergencies at other University locations.

Internal Emergency Procedure

Missing Person

Definition

A missing patient is a person who, without knowledge or consent of clinical staff, has left Strong Memorial Hospital. If a patient is considered by staff to be missing, refer to SMH policy 4.06 (Patient Disappearance).

Notification

1. CALL PUBLIC SAFETY (X5-3333 or if Emergency X13).
2. Give the location of where the patient was last seen, description of patient, if patient needs to be returned and if local law enforcement is needed.

Public Safety Dispatcher

1. Dispatch one Officer to the origin of complaint to file a report.
2. If patient needs to be returned, give description of patient to all Public Safety personnel.
3. At direction of clinical staff, notify local law enforcement.

Public Safety Personnel

1. Officer will respond and file report.
2. If patient needs to be returned, Public Safety personnel will search public areas of the hospital.

Internal Emergency Procedure

Medical Emergency Response Team (MERT)

Definition

A condition in which a staff member, student, visitor or patient needs emergency medical assistance in public areas. It does not apply to inpatients in inpatient care areas. This assistance is provided by the Medical Emergency Response Team (MERT), a group of Medical Center employees who are trained as Emergency Medical Technicians or clinicians and have volunteered to respond to emergency situations throughout the Medical Center. Public Safety responds to the MERT pages and assists in **transport, elevator** and **crowd control**. Public Safety and 911 (for ambulance transport) is to be called for assistance in parking lots and buildings away from the immediate perimeter of the Medical Center building (e.g., Helen Wood Hall, Saunders Research Institute, Medical Center Annex, MC Parking Garage, ALL Parking Lots, The Children's School @ URM and the grounds immediately surrounding it).

Notification

1. CALL PUBLIC SAFETY (X13).
2. Tell location and describe emergency.

Public Safety Dispatcher

1. Activates STAT tone and pages MERT response, (location) three times.
2. Assigns Public Safety Officer(s) to transport MERT gurney to scene.
3. Dispatches additional Public Safety Officers as needed for crowd, elevator control.

Public Safety Personnel

1. Transport gurney to scene.
2. Provide crowd, elevator control.
3. Assist as requested in providing care and/or transport for victim to Emergency Department (ED).
4. Notify ED of potential patient.
5. Should MERT not respond, Officers may request assistance of staff or request an ambulance for transportation.

MERT

1. Responds to scene with emergency kits.
2. Assumes management of emergency medical care.
3. When required, insures transport of victim to ED.
4. Provides additional emergency assistance.
5. Assign a MERT team with the nearest MERT gurney to the Family Assistance Center (Family Waiting Area) when activated.
6. Assign a MERT Team with the nearest MERT gurney to the Flaum Atrium during Hospital Point of Dispensing (HPOD) activation.

Internal Emergency Procedure

AMBER Alert

Definition

An AMBER Alert is a situation in which a minor (under 18 years old), who without knowledge of clinical staff or permission of legal guardian has been taken from his/her treatment area.

Notification

1. CALL PUBLIC SAFETY (X13).
2. Give the location, description of infant or child who has been abducted.
3. Stay on phone with Public Safety unless directed otherwise.
4. Secure area where abduction took place. Do not let anyone enter or exit the area. If the incident was a newborn abduction, move the mother from the room to another location.
5. Conduct an immediate search of the area.
6. Identify all witnesses in immediate area (separate them if possible).

Public Safety Dispatcher

1. The Public Safety Dispatcher generates overhead tones and announces "AMBER Alert (age of child and location)" three times via the overhead page system. NOTE: If the age of the child is under one year, the age will be announced as zero.
2. The Public Safety Dispatcher immediately radios "AMBER Alert" and its location to all Public Safety patrol staff, including the Patrol Shift Supervisor, and proceeds to direct them to the appropriate assignment per Public Safety procedure.
3. The Public Safety Dispatcher will notify the page operator, Administrator-on-Call (AOC), Medical Center Public Relations and Division Administration.
4. Public Safety staff will monitor exit points as listed below and will conduct a search of the facility.
5. Upon recovery of the abducted child, or when determined monitoring entrances is no longer needed, the Public Safety Dispatcher will announce "AMBER Alert, All Clear" (two times).

Page Operator

1. Notify the Social Work Administrator-on-Call.

Employees

1. Follow any request given by Public Safety personnel, police agency, or nursing leadership to include searching specific locations, watching doorways, etc.
2. Close all unit doors and account for all patients.
3. Observe elevators and stairwell doors, and report any suspicious activities to Public Safety at X13.
4. Monitor the nearest perimeter door in the area that leads outside the facility.
5. Redirect all persons exiting with a child fitting the age description announced by the Public Safety Dispatcher, or for age zero, all those appearing to be pregnant to one of the monitored exit points as follows: Main Lobby or Ground Floor garage link, Patient Discharge, Children's Tower Main Doors to the Upper Loop, Wilmot Cancer Center Main Doors to the Upper Loop or entrance nearest Ground Level bank/post office area.
6. Report suspicious activity or personnel to Public Safety immediately (X13).
7. Staff should not attempt to physically detain someone, but to obtain a detailed description and contact Public Safety at X13.

Internal Emergency Procedure

Assistance Needed STAT

Definition

A threat of violence is the expression of intent to inflict pain, injury, or other harm. The expression may be verbal or non-verbal. The threat of harm may be explicit or implied.

Notification

1. If imminent CALL PUBLIC SAFETY X13.
 - a. If you only need Public Safety to respond quickly, state this to the Dispatcher.
 - b. If the situation cannot be controlled by existing staff and Public Safety, and you need assistance from any available hospital staff member, ask for an “**Assistance Needed STAT**”.
2. Tell the location and describe the threat.
 - a. In weapons or hostage situations, using “**Assistance Needed STAT**” may not be desirable since it could result in additional hostages or place first responders at risk. In these circumstances, dial X13 and inform Public Safety of the situation. A Public Safety Officer will respond. Public Safety will communicate the need for additional assistance, as required.
3. Stay on the phone unless the Public Safety Dispatcher directs you otherwise and it is safe to do so.

Public Safety Dispatcher

1. Obtain all pertinent information including a specific location and a description of incident observed.
2. If the complainant should ask for an “**Assistance Needed STAT**,” generate overhead tones, and announce “Assistance Needed STAT (location)” three times via the overhead page system and inform caller Public Safety is responding.
3. Dispatch Public Safety Personnel via radios to the location of the disturbance.
4. Notify Officer-in-Charge (OIC).
5. As directed by the OIC, notify other first responders (Rochester Police Department [RPD], Medical Emergency Response Team [MERT], etc.) and appropriate administrative staff.
6. Notify Page Operator as directed by OIC.
7. When it is determined the incident is under control, page “**Assistance Needed STAT**, All Clear” with location via the overhead page system (Two times).

Page Operator (if notified)

1. Notify Administrator-on-Call (AOC).
2. In case of disturbance involving patient care area, notify Chief Nursing Officer or Clinical Resource Nurse.
3. Notify Public Relations Office or Officer-on-Call.

Public Safety Personnel

1. Responds to disturbance, observe, report, and intervene as necessary.
2. Without risking life or injury, contain immediate problem and defuse situation.
3. Inform Public Safety Dispatcher when the incident is under control for initiation of an “All Clear” overhead page.
4. Document incident.

Public Safety OIC

1. Respond to scene, if appropriate, and coordinate activity.
2. Request Dispatcher to make appropriate notifications.

Director of Public Safety

1. Notify Dean of Students and Senior Vice President for Administration and Finance (if students are involved).

Chief Operations Officer or AOC

1. Reports to scene and assumes overall responsibility.

All Other Employees

1. Overhead page of “**Assistance Needed STAT**” (SMH policy 2.03) “Any staff members who are available to respond should do so and report to the leadership person (i.e. charge nurse) on site.”

NON-IMMINENT DANGER

1. Contact your supervisor and/or Public Safety (X5-3333).

Internal Emergency Procedures

Utility Alert - Structural Failure

Definition

Any condition which has caused, or is likely to cause collapse of any part of a building. This circumstance may arise from tornadoes, earthquakes, high winds, major floods, roof leaks or excessive loads. In the event of fire, follow Fire Alert Confirmed (refer to 1.10 of the SMH or Medical School Comprehensive Emergency Management Plan [CEMP]).

Notification

1. CALL PUBLIC SAFETY (X13).
2. Tell the location and describe extent of damage.

Public Safety Dispatcher

1. Notify Officer-in-Charge (OIC).
2. Dispatches Public Safety personnel as directed by OIC.
3. Page "Utility Alert Structural, (say location) – *for example: Utility Alert-Structural 3400 Tower, or, Utility Alert Structure 5800 Wing* - and command post location" on Public Safety radios and assign officer.
4. Activates emergency alert tone and pages, "Utility Alert Structural, (location) and command post location" (Three times).
5. Notify SMH Communications Center (X5-2222) and Facilities Customer Service Center (X3-4567).
6. Notify Director of Public Safety or appropriate Command Officer.
7. Notify Rochester Fire Department, & Rochester Police Department, as directed by OIC.
8. When directed by OIC, activate emergency alert tone and pages, "Utility Alert Structural, (location), all clear." (Two times).

SMH Communications Center

1. Notify Chief Operations Officer or Divisional Administrator-on-Call (AOC).
2. Notify Chief Executive Officer of the Hospital.
3. Notify Chief Safety Officer.
4. Notify University Fire Marshal.
5. Notify Public Relations Office or Officer-on-Call.

Facilities Customer Service Center

1. Notify the appropriate Facilities personnel as directed by their procedures.

Public Safety OIC

1. Establishes command post at location recommended by Facilities Operations.
2. Reports findings to Dispatcher.
3. Cordons off area.
4. Directs Public Safety personnel in search and rescue to extent this can be done safely.
5. Advises Dispatcher if Rochester Fire Department and/or police are needed.

Public Safety Personnel

1. Secure area as directed by OIC.
2. Perform search and rescue as directed by OIC.

Director for MC Facilities Operations

1. Provides guidance in control of utilities.
2. Evaluates risk of additional failure.
3. Institutes stabilization measures to reduce risk of further failure.
4. Provides protection for unaffected parts of building.

Nursing (in affected areas)

1. Directs emergency personnel in correct procedure for relocation or evacuation of patients.

Chief Safety Officer

1. Collaborates with Director for Medical Center Facilities Operations to evaluate risk of further failure.
2. Monitors all operations for possible hazards.

Chief Operations Officer or Administrator-on-Call

1. Assume overall responsibility on arrival at scene.
2. Determines actions to be taken in unaffected parts of Medical Center.
3. Notify Emergency Department if they are to receive victims.
4. Determines if a disaster should be declared.

Internal Emergency Procedures

Utility Alert - Systems Interruptions

Definition

A utility refers to electricity, steam, water, sewer, gas, chilled water, medical gases or vacuum.

Any condition that has caused, or is likely to cause, failure of all or part of a Medical Center utility. A major flood would be considered a utility emergency unless it falls under structural damage criteria. In the event of fire, follow Fire Alert Confirmed (refer to 1.10 of SMH or Medical School Comprehensive Emergency Management Plan [CEMP]).

Red, white and orange receptacles are powered by the emergency generators in the event of a loss of normal power.

Notification

1. CALL PUBLIC SAFETY (X13).
2. Tell the location and describe the type of failure and extent of damage.

Public Safety Dispatcher

1. Notify Officer-in-Charge (OIC).
2. Dispatches Public Safety personnel as directed by OIC.
3. Activates emergency alert tone and pages, "Utility Alert, (give the name of the affected System and the location of the System)." – *for example: Utility Alert Oxygen 3400 Tower, or, Utility Alert Chilled Water Basement OR's, or, Utility Alert Vacuum Floors 6 through 8 of 1600 Tower* (Repeat page three times).
4. Notify SMH Communication Center (X5-2222) and Facilities Customer Service Center (X3-4567).
5. Notify Director of Public Safety or Command Officer-on-Call.
6. Alerts Rochester Fire Department and/or Rochester Police Department as directed by OIC.
7. When directed by OIC, activates emergency alert tone and pages "Utility Alert, (give the name of the affected system and the location of the system)." All clear." (Two times).

SMH Communications Center

1. Notify Chief Operations Officer or Administrator-on-Call (AOC).
2. Notify Chief Executive Officer of the Hospital.
3. Notify Chief Safety Officer.
4. Notify University Fire Marshal.
5. Notify Public Relations Office or Officer-on-Call.

Facilities Customer Service Center

1. Notify the appropriate Facilities personnel as directed by their procedures.

Public Safety OIC

1. Establishes command post at location recommended by Medical Center Facilities Operations.
2. Reports findings to Dispatcher.
3. Cordons off area.
4. Directs Public Safety personnel in search and rescue to extent this can be done safely.
5. Advises Dispatcher if Rochester Fire Department and/or Police are needed.

Public Safety Personnel

1. Secure area as directed by OIC.
2. Perform search and rescue as directed by OIC.

Director for MC Facilities Operations

1. Provides guidance in control of utilities.
2. Evaluates risk of additional failure.
3. Institutes stabilization measures to reduce risk of further failure.
4. Provides protection for unaffected parts of building.

Nursing (in affected area)

1. Directs emergency personnel in correct procedure for relocation or evacuation of patients.

Nursing (in non-affected area)

1. Assign one nurse to respond to the Command Post to assist with patient care.

Chief Safety Officer

1. Collaborates with Director for Medical Center Facilities Operations to evaluate risk of future failure.
2. Monitors all operations for possible hazards.

Chief Operations Officer or Administrator-on-Call

1. Assumes overall responsibility on arrival at scene.
2. Determines actions to be taken in unaffected parts of Medical Center.
3. Notify Emergency Department of potential victims.
4. Evaluate need for posting staff in stairways to comfort/assist visitors climbing stairs.
5. Determines if a disaster should be declared.

Internal Emergency Procedure Utility Alert - IT

Definition

Any event that causes a wide spread interruption in access to critical Information Technology (IT) systems.

Notification

1. Call Information Systems Division Help Desk at X5-3200.
2. Describe the system(s) affected extent of interruption.

Information Systems (ISD) Help Desk

1. Assess reported incident using internal procedures.
2. If more than 5 users are affected, an entire system is affected or an entire site is affected, notify ISD Unit Leader.

Immediate Actions: Staff

1. All employees remain on duty.
2. Follow all instructions communicated via overhead page, email, phone call or on the System Status page on the intranet.
3. Implement Downtime Procedures for the application that is not available.
4. Do not use hospital phones for personal use.
5. If off duty and hear of disaster situation, remain at home and await telephone, radio or television notification asking you to report to the hospital (unless your department plan says you should report immediately). DO NOT CALL THE HOSPITAL.

Hospital Administrator-on-Call (AOC)

1. Assess the impact of system disruption on patient care and secure additional staffing to assist with patient care.
2. Assure dissemination of downtime procedures to affected areas.
3. Determine if overhead page is needed. If so, contact Page Office.
4. Determine if Hospital Command Center needs to be activated. If so, request Page Office to active 999 Group Page.

Communications Office

1. Activates emergency alert tones and page "Utility Alert Information Systems (insert name of affected system)" three times.
2. When all clear is given, activate emergency alert tone and page "Utility Alert Information System (insert name of affected system)", all clear (2 times).

Internal Emergency Procedure

Utility Alert – Telecommunications

Definition

Any event which causes a wide spread interruption in access to critical voice, data and network systems. Determine "Utility Alert - Telecommunications" by observing internal flowchart for service impact.

Notification

1. Call the UnivIT/Telecommunications Operations Center (Help Desk) at X5-2000.
2. Describe the system(s) affected and extent of interruption. Focus on impact to patient care and negotiate severity level based on importance and scope of the service impact.

UnivIT/Telecommunications Operations Center (Help Desk)

1. Assess reported incident using internal procedures.
2. Use escalation procedure protocol.

UnivIT/Telecommunications Manager on Call

1. Following internal procedures, establish communication with responsible technician or engineer.
2. Use escalation procedure for notification; call tree response, teams and communication mediums, as appropriate.
3. Follow "Utility Alert flowchart" and interact, as called for, with the Administrator-on-Call (AOC) through Public Safety and/or the Communications Center.

Hospital AOC

1. Consult with Manager-on-Call and determine need to declare Telecommunications Alert.
2. If alert declared via decision tree, notify Public Safety of Utility Alert, Telecommunications required.
3. Evaluate need for establishment of a Command Post with the Telecommunications Administrator-on-Call or Telecommunications Chief Operations Officer.
4. Determines actions to be taken in all affected areas of Medical Center.
5. Determines if a disaster should be declared.

Public Safety Office

1. Determine whether X5-2000 is operational. If so, follow step two. If not, skip to step three.
2. Activates emergency alert tone and pages, "Utility Alert, Telecommunications: The name of system(s) is out of service. For more information, call X5-2000."
3. Perform step two with substituted numbers, 244-0517 or 756-0200.
4. Notify Communications Center at X5-2222.
5. During non-business hours, have the Communications Center arrange for contact with either Chief Telecommunications Officer or the Manager of the UnivIT/Telecommunications Operations Center (Help Desk) at X5-2000. The Communications Center knows how to reach these three individuals via numerous methods.
6. Notify University Fire Marshal.

Chief Telecommunications Operations Officer (CTOO) / Chief Telecommunications Officer (CTO)

1. Assess impact on patient care.
2. Consider other steps of internal escalation procedures, as appropriate.

Communications Center

1. Notify Chief Operations Officer.
2. Notify Chief Executive Officer of the Hospital.
3. Notify Chief Nursing Officer.
4. Notify Public Relations.
5. Notify Facilities Customer Service Center at X3-4567.
6. During non-business hours: Notify Chief Telecommunications Officer (Medical Center) or:
7. Chief Telecommunications Officer (River Campus).
8. Notify Manager of the UnivIT/Telecommunications Operations Center (Help Desk) at X5-2000.

Internal Emergency Procedure

Chemical/Biological/Radiological (CBR) Spill

Definition

Any situation where loss of control of hazardous chemical, biological or radiological agents has occurred. This may range in scope from losses which are little more than spills on the floor to involvement of major segments of the Medical Center.

Occupant Actions

For **Terrorist Acts and Threats** refer to document #6.6, Emergency Response for Biological & Chemical Terrorist Acts & Threats; also #6.6.1, How to Identify a Suspicious Package, Letter or Envelope (refer to the SMH Comprehensive Emergency Management Plan [CEMP]).

Exposures: Refer to SMH CEMP document #1.9 – Guide for Personal Injury/Exposure in this section.

Limit exposures by keeping non-essential personnel and all patients out of the area.

If unsure of the nature or extent of the spill, notify Public Safety at X13.

Minor Chemical Spill: Trained staff members are capable of safely handling without the assistance of safety and emergency personnel. Use the appropriate personal protective equipment to prevent exposure. Absorb the spilled material with the appropriate material following the recommendations found on the Safety Data Sheet. Place the absorbent in a labeled sealed container for disposal through the Environmental Compliance Unit (Hazardous Waste). Call X5-2056 for a pick up.

Major Chemical Spill: Staff is **not** capable of handling without the assistance of safety and emergency personnel. Personnel are to vacate the area but remain available. **Call Public Safety (X13) for an emergency response.**

Chemotherapeutic Agent Spills: Staff are to follow the policy established in SMH Policy 7.10. **Under no circumstances is Environmental Services to be notified for initial spill cleanup.**

Mercury Spills: For small spills (a few drops) follow the “Mercury Spill Clean-Up Procedures” in <http://www.safety.rochester.edu/ih/mercspill.html>. For large scale mercury spills, call Public Safety (x13) for an emergency response. For medical care locations, see Nursing Policy 12.10 (<http://inside.mc.rochester.edu/sites/Nursing/Policies/Nursing%20Procedures%20and%20Policies%20Manual/12.%20Safety-Comfort/12-10.pdf>)

Blood/Bodily Fluid Spills: Staff are to wear the appropriate personal protective equipment. Contain spill with absorbent material. Disinfect spill area with approved disinfectant or 1:10 diluted bleach. Place the material into a red bag for disposal. Contact Environmental Services at X5-6255 for assistance and final clean-up.

Radiological Spill: Under no circumstances shall any untrained person attempt to examine or clean up any spilled radioactive material. [Proper precautions, as listed below, taken immediately will protect the environment and worker health and safety.]

- Stop the accident or emergency only if this can be accomplished without additional risk to yourself or co-workers.
- Warn others in the area. Notify Radiation Safety (X5-3781) and your supervisor.
- Confine the affected areas by closing doors, putting up barriers, and/or guarding the entrances to the area.
- Minimize your exposure to radiation and/or radioactive materials. If you suspect that you are contaminated, remain in the area and call for help.
- Ensure the radioisotope involved with the spill is identified.
- Minimize your movements to prevent the spread of contamination.

Notification

1. CALL PUBLIC SAFETY for emergency at X13.

Public Safety Dispatcher

1. Dispatch Public Safety personnel as directed by Officer-in-Charge (OIC).
2. Notify Administrator-on-Call (AOC).
3. Notify Chemical Safety Officer (CSO) (X5-3241) for chemical issues, Biosafety Officer (BSO) (X5-3241) for biosafety issues or Radiation Safety Officer (RSO) (X5-3781) for radiological issues.
4. Notify Poison Control Center (1-800-222-1222).

Public Safety

1. Activate command post at location established by AOC with guidance from Chemical Safety Officer/Biosafety Officer/Radiation Safety Officer.
2. Establishes boundary perimeters and prevent unauthorized personnel from entering area.

Administrator-on-Call (AOC)

1. Assumes overall responsibility of emergency. Directs operational scope of emergency with guidance from EH&S personnel. Note: Poison/Medical Toxicologist is available 24/7 (1-800-222-1222) to assist in decision making.
2. Advise appropriate units in Medical Center for actions that are to be followed to resolve emergency.

Chemical Safety Officer/Biosafety Officer/Radiation Safety Officer

1. Evaluates nature and degree of hazard; activates Specialists (emergency responders) for response.
2. Determines scope of emergency and prescribes control and decontamination measures.
3. Advises AOC and Public Safety where to establish boundary perimeters. Assures the established boundary perimeter is adequate.
4. Institutes decontamination procedures.
5. Provides guidance in safe procedures for Specialists.
6. Monitors all operations for possible hazards. Notify the Director for Medical Center Facilities Operation for needed actions.
7. Dispose of contaminated material according to regulatory and institutional procedures.
8. Monitors actions taken and informs Incident Commander when the situation is stabilized.

Internal Emergency Procedure

Personal Injury/Exposure

Emergency Involving

- Clothing on fire
- Radioactive spill on body
- Chemical spill on body
- Blood/body fluid spill on body
- Biological spill on body
- Hazardous material splashed in eye
- Potential/suspect exposure to hazardous drug, biological, chemical or radiological

Clothing on Fire

1. Roll person on floor to smother flames, or drench with water if safety shower is **immediately available**.
2. Report fire to Public Safety (X13).
3. Obtain medical attention, if necessary.
4. Report incident to supervisor and complete incident report form.

Radiological Spill on Body

1. Unnecessary movement from this area shall be avoided to prevent the spread of contamination. Contact Radiation Safety Unit (RSU) at X5-3781 for assistance and to have person surveyed. Isolate the affected areas by controlling access to the area.
2. Remove contaminated clothing.
3. Rinse exposed area thoroughly with soap and water. Avoid the spread of contamination onto other skin areas. Do not scrub excessively. Rinse several times. Have the RSU check the contaminated area when cleaning is complete.
4. Obtain medical attention, if necessary (University Health Service, X5-1164) – can use Radiation Safety Officer (RSO) for guidance.
5. Report incident to supervisor and complete incident report form.

Chemical Spill on Body

1. Flood exposed area with running water from faucet or safety shower for at least 15 minutes.
2. Remove contaminated clothing immediately.
3. Make sure chemical has not accumulated on shoes.
4. Obtain medical attention, if necessary (UHS, X5-1164) – can use Poison Control Center for guidance. (1-800-222-1222)
5. Report incident to supervisor and complete incident report form.

Blood/Body Fluid Spill on Body

1. Remove contaminated clothing.
2. Intact skin - Vigorously wash exposed area with soap and water for 15 minutes.
3. Broken skin/cuts/puncture wounds - Vigorously wash exposed area with soap and water for 15 minutes, pour 3% hydrogen peroxide over wound, or wash with Chlorohexidine or Iodofoor.
4. Mouth - Rinse several times with 3% hydrogen peroxide and then water.
5. Obtain medical attention. Contact UHS at X5-1164 for post exposure follow up.
6. Report incident to supervisor and complete incident report form.

Biological Spill on Body

1. Remove contaminated clothing.
2. Vigorously wash exposed area with soap and water for 15 minutes.
3. Obtain medical attention, if necessary (UHS, X5-1164).
4. Report incident to supervisor and complete incident report form.

Hazardous Material Splashes in Eye

1. Immediately rinse eye and inner surface of eyelid with water for 15 minutes.
2. Forcibly hold eye open to ensure effective wash behind eyelids.
3. Seek medical attention, if necessary (UHS, X5-1164) – can use Poison Control Center for guidance. (1-800-222-1222)
4. Report incident to supervisor and complete incident report form.

Minor Cuts and Puncture Wounds

1. Vigorously wash injury with soap and water for several minutes.
2. Obtain medical attention (UHS X5-1164) – can use Poison Control Center for guidance. (1-800-222-1222)
3. Report incident to supervisor and complete incident report form.

Potential/Suspect Exposure to Hazardous Drug, Biological, Chemical or Radiological

1. If there is no material on you, remove yourself from the area.
2. Report incident to your supervisor and complete the Incident Report Form.
3. Supervisor notifies Associate Director or Department Head/Supervisor.
4. If there is a potential for high risk exposure or multiple employees are concerned, notify Senior Management and Exposure Center Team.
5. EH&S and/or Infection Prevention will complete a risk assessment.
6. Employee(s) referred to Occupational/Employee Medicine if it is indicated for follow-up and/or treatment.

Internal Emergency Procedure

Fire Alert (RACE)

Definition

Any condition involving a fire alarm or an investigation of a report of a fire. If you are in an area where there is a fire alarm activated:

- R** - Relocate or rescue anyone in immediate danger.
- A** - Activate fire alarm. If time allows, call Public Safety (X13) from a safe location and report additional information.
- C** - Confine the fire by closing all doors in the area.
- E** - Extinguish if fire is small and if user is trained, otherwise prepare for evacuation.

Notification

1. Activate fire alarm system.
2. CALL PUBLIC SAFETY (X13) giving location and nature.

Public Safety Dispatcher

1. Activates emergency alert tone and pages, "Fire Alert, (location)" (three times).
2. Page condition "Fire Alert, (location)" on Public Safety radio and assign officers.
3. For Hospital, Psychiatry, Wilmot Cancer Center, Golisano Children's Hospital @ Strong and Ambulatory Care Facility alarms, notify Rochester Fire Department via direct line. Advise location and provide pertinent information.
4. Confirms notification of Officer-In-Charge (OIC).
5. Assigns Public Safety Officer to hold nearest fire service elevator for Rochester Fire Department.
6. Assign patrol car to direct firefighting equipment, if necessary.
7. If fire is confirmed, upgrade to Fire Alert Confirmed and refer to Fire Alert Confirmed #1.10 in the SMH or Medical School Comprehensive Emergency Management Plan (CEMP) and follow appropriate steps.
8. When directed by OIC, activates alert tone and pages "Fire Alert, (location), All Clear", (two times).

Facilities Customer Service Center

1. Page Medical Center Facilities Supervisor and/or Manager-on-Call.
2. Page Medical Center Electrician.
3. Page Area Manager.

MC Facilities Supervisor/Electricians

1. Reports to Fire Alert location to assist in determining alarm cause and assist with resolution.

Nursing (in affected area)

1. Follow RACE.
2. Ask visitors and patients to clear corridor.
3. Consult with Public Safety in determining alarm cause and corrective actions.
4. If fire is confirmed, assign one nurse from each unit within the affected service to respond to the Command Post, if an evacuation has been paged.

Nursing (not in affected area)

1. Follow RACE.
2. Ask visitors and patients to clear corridor.
3. Close all doors and await further instructions.
4. If fire is confirmed, upgrade to Fire Alert Confirmed. Refer to Fire Alert Confirmed procedure in #1.10 of the SMH or Medical School Comprehensive Emergency Management Plan (CEMP) and follow appropriate steps.

Internal Emergency Procedures

Elevator Failure

Definition

A condition in which an elevator is unsafe or is malfunctioning, possibly causing passengers inside the elevator car to be unable to exit.

Notification

1. CALL PUBLIC SAFETY (X13).
2. Inform Public Safety of location of the elevator, and floor occupants are believed to be in the elevator. Relay information of anyone being injured or in need of medical assistance.
3. Describe nature of malfunction (if known).

Public Safety Dispatcher

1. Determines if occupants trapped are of emergency status (emotional/medical).
2. Contacts appropriate medical personnel if necessary.
3. For emergency situation notify Rochester Fire Department (RFD).
4. Determines the nature of malfunction of elevator (if possible).
5. Determines the number of passengers and floor on which elevator is stuck.
6. Dispatches Public Safety personnel to scene.
7. Contact Facilities Customer Service Center at X3-4567.

Facilities

1. Contacts elevator maintenance company for immediate service.
2. Dispatches Facilities personnel as needed.
3. Prevents use of unsafe elevator by deactivation.
4. Notify Public Safety when elevators are down or entrapment.
5. Assess the need for signage and post accordingly.
6. Notify Public Safety when elevators are back on line.
7. Assists directing persons to operational elevators.

Public Safety Personnel

1. Responds to scene.
2. Assures trapped passengers that assistance is on the way.
3. Prevents extraction of passengers by anyone but elevator maintenance unless situation is life threatening. NO evacuations are to take place unless power to the elevator has been isolated.
4. Request Rochester Fire Department if people are trapped in elevator.
5. Directs persons to operational elevators.
6. If occupants have already exited elevator, will hold/restrict use until Facilities or elevator personnel can respond to shut down elevator.

Internal Emergency Procedures

Fire Alert Confirmed (RACE)

Definition

Any condition involving evidence of fire, smoke or impending explosion. This would include the sighting of smoke or fire, odorous evidence of burning, or concentrations of flammable gases. In the event of a possible bomb, follow Bomb Threat procedure #1.11 of the SMH or Medical School Comprehensive Emergency Management Plan (CEMP).

If you are in an area where there is a fire and or explosion:

R - Relocate or Rescue anyone in immediate danger.

A - Activate fire alarm if time allows, call Public Safety (X13) from a safe location and report additional information.

C - Confine the fire by closing all doors in the area.

E - Extinguish if fire is small and if user is trained, otherwise prepare for evacuation.

Notification

1. Activate fire alarm station.
2. CALL PUBLIC SAFETY (X13), from a safe location, giving location and nature.

Public Safety Dispatcher

1. Activates emergency alert tone and pages, "Fire Alert Confirmed, (location)." (three times).
2. Page "Fire Alert Confirmed, (location)" on Public Safety, Medical Emergency Response Team (MERT) radios and assign officers.
3. When officer notifies you of command post location page "Fire Alert Confirmed, command post (location)." (three times)
4. Notify Rochester Fire Department (RFD) via direct line. Advise location and provide pertinent information.
5. Confirms notification of Officer-in-Charge (OIC).
6. Assigns Public Safety Officer to hold nearest fire service elevator for Rochester Fire Department.
7. Assigns patrol car to clear roadway and traffic at entrance as Rochester Fire Department is responding.
8. Assigns patrol car to direct (escort) fire-fighting equipment.
9. Notify University Fire Marshal.
10. Notify Page Operator and Facilities Customer Service Center. (X3-4567)
11. If evacuation is ordered by an authorized person, activates emergency alert tone and pages, "Condition Horizontal" or "Condition Vertical, (location and receiving site)" (three times).
12. When directed by Officer-in-Charge, activates alert tone and pages, "Fire Alert Confirmed, (location), All Clear," (two times).

Facilities Customer Service Center

1. Notify the appropriate Facilities personnel as directed by their procedures.

Page Operator

1. Notify Chief Operations Officer or Administrator-on-Call.
2. Contact Senior Director of Nursing for Patient Care areas.
3. Notify Public Relations Office or Officer-on-Call.

Public Safety Officer-in-Charge

1. Cordons off affected area.
2. Establishes command post at appropriate location.
3. Reports to the Charge Nurse and identifies himself.
4. Directs authorized respondees to scene via safest and most direct route.
5. Assigns officer to respond with fire cart and/or command cart.
6. Assigns additional Public Safety Officers as needed.
7. Request Dispatch to make necessary notifications.

Medical Center Facilities Maintenance Shop Supervisors

1. Reports to the command post on all Fire Alert Confirmed announcements to assist with utilities shutdown.
2. Evaluate mechanical systems and structural stability.

Nursing (in affected area)

1. Order all visitors and non-employees off the unit.
2. Directs emergency personnel in correct procedure for relocation or evacuation of patients.
3. If evacuation:

- a. Notify Public Safety Dispatcher (X13) to page "Condition Horizontal" (preferred) or "Condition Vertical" and give receiving site.
- b. Performs triage duties.
- c. Obtains additional help as needed via command post.
- d. Assigns nurse(s) to manage receiving units to log and monitor patients.
- e. Directs non-medical staff to secure records.
- f. Directs orderly evacuation of patients.
- g. Evacuate patients out of the area and beyond fire/smoke doors for horizontal evacuation and down the stairwell for vertical evacuation.
- h. Move ambulatory patients first to visitors lounge beyond the fire doors or as directed by Clinical Chief/Resource Nurse.
- i. Move limited ambulatory patients second using wheelchairs to the conference room beyond the fire doors or as directed by Clinical Chief/Resource Nurse.
- j. Move non-ambulatory patients last, using beds, stretchers or appropriate carries to the conference room beyond the fire doors or as directed by Clinical Chief/Resource Nurse.
- k. Chalk or mark door in the lower hinge side of the door when room has been evacuated.
- l. Communicate to Fire Department or other first responders the status of the evacuation.

Nursing (non-affected area)

1. Ask visitors and patients to clear corridor.
2. Close all doors and await further instructions.
3. Assign one nurse from each unit within the affected service to respond to the command post if an evacuation has been paged.

Clinical Chief or Clinical Resource Nurse

1. Report to the command post and coordinate arriving support staff.
2. Contact other units if additional support is needed.
3. Notify Transportation (X5-4241) if additional beds or stretchers are needed.
4. Patients' safety and the direction of patient evacuations are the primary concern.
5. Contact Admitting Office to find available beds for long term care.
6. Consult with Dietary, Pharmacy and Infection Prevention.

Respiratory Therapy

1. Reports to command post on all Fire Alert Confirmed announcements.
2. Consults with Charge Nurse and assumes control of oxygen supply to affected areas.
3. Administers oxygen as needed.
4. Provides additional oxygen units for patient transfer.

Transportation and Equipment Center

1. Stands by ready to respond as requested.
2. In the event of a horizontal or vertical evacuation, responds to the designated receiving areas with stretchers, beds, and other equipment as needed.
3. If additional personnel are needed, contact Transportation Supervisor.

Chief Operations Officer or Administrator-on-Call (AOC)

1. Assumes overall responsibility on arrival at the scene.
2. Determine if a disaster should be declared
3. With counsel from Fire Marshal and Director of Facilities Operations, determines feasibility of continued use of affected area(s).

Fire Marshal

1. Reports to Command Post and provides technical assistance to Administrator-on-Call.

Public Relations

1. Reports to Command Post to assist with news releases.

Internal Emergency Procedure

Bomb Threat

Notification

1. TELEPHONE THREATS
 - a. If another person is present, alert that individual to listen on an extension phone.
 - b. Obtain as much information as possible. **(Turn now to questionnaire at the end of this procedure.)**
 - c. CALL PUBLIC SAFETY (X13) ON ANOTHER PHONE. Give nature and location of threat.
 - d. Notify the available supervisory person in the area.
 - e. NOTIFY NO ONE ELSE UNLESS THERE IS AN OBVIOUS, IMMEDIATE DANGER TO PERSONNEL.
2. WRITTEN THREATS
 - a. CALL PUBLIC SAFETY (X13) and give the nature of the threat and your location.
 - b. Notify the available supervisory person in the area.
 - c. NOTIFY NO ONE ELSE UNLESS THERE IS AN OBVIOUS, IMMEDIATE DANGER TO PERSONNEL.
 - d. Handle the written note as little as possible. Preserve the written threat and give it to Public Safety.
3. IF YOU LOCATE A SUSPECTED BOMB OR SUSPICIOUS PACKAGE:
 - a. DO NOT TOUCH OR MOVE IT!
 - b. CALL PUBLIC SAFETY (X13). Give location of suspected bomb.
 - c. Notify the available supervisory person in the area.
 - d. Follow evacuation orders by authorized person.

Response to Evacuation Order: If an evacuation order is given by an authorized person,

1. Lock up files or remove all classified materials and valuables.
2. Secure hazardous materials such as biological, radioactive, highly flammable or hazardous chemicals.
3. Leave lights, windows and interior doors in their current condition or position.
4. Use routes of egress as outlined in your department or unit's evacuation plan, unless directed otherwise by Public Safety personnel.
5. Report to the relocation point if one has been designated.
6. Do not go off duty without notifying your supervisor.

Public Safety Dispatcher

1. Notify Public Safety Officer-in-Charge (OIC).
2. If threat is received by telephone document CallerID if presented.
3. Assigns an officer at the point where the call was received.
4. Notify Page Office to contact Administrator-on-Call (AOC).
5. Make other notifications as directed by OIC.
6. Notify Director of Public Safety.
7. Notify Fire Marshal.
8. Notify 911 as directed by OIC.

Page Operator

1. Notify Chief Operations Officer or AOC, requesting them to contact Public Safety.
2. Notify Director of Social Work.

Public Safety OIC

1. Assigns Public Safety personnel to report to designated areas.
2. Confirms information received and directs that steps be taken to obtain additional facts.
3. Establishes an initial command post with a phone and directs officer to listen to radios but to respond only by telephone.
4. Assumes all responsibility listed under Chief Operations Officer or Administrator-on-Call until advised that such persons have assumed responsibility.
5. Notify Rochester Police Department (RPD).
6. Give order to limit all radio transmissions to a minimum. Use telephones.

Chief Operations Officer or Administrator-on-Call

1. Establishes command post - activates Emergency Operations Center.
2. In case of imminent danger involving patient areas, advises Senior Director of Nursing Practice or Clinical Resource Nurse.
3. Determines one of the following courses of action:
 - a. No action necessary - incident closed.

- b. Limited action - a search of limited or designated public areas by Public Safety personnel. If necessary, the Chief Operations Officer or the Officer-in Charge may request assistance from Facilities, Environmental Services, or other personnel.
 - c. Full action - extensive search of areas designated by Chief Operations Officer under supervision of Public Safety personnel and utilizing other personnel as required.
 - d. Device found or activated implement Comprehensive Emergency Management Plan.
 - e. Space normally occupied, should be searched (do not touch or move anything suspicious) by those employees who work in the area. They know what doesn't "belong" in their work area.
4. The Chief Operations Officer will make the determination to close the incident and will notify the following:
- a. University President's Office.
 - b. Public Relations Office.
 - c. Public Safety.
 - d. Dean and Director of Medical Center.
 - e. Hospital Executive Director's Office.
 - f. Vice President of Health Affairs.

Threatening Call Questionnaire

Attempt to ask the caller the following questions:

1. WHEN is the bomb going to explode? _____

2. WHERE is the bomb now? _____

3. WHAT kind of bomb is it? _____

4. WHAT does it look like? _____

5. WHY did you place the bomb? _____

COMPLETE THE FOLLOWING IMMEDIATELY:

Exact words used of person placing the call: _____

Sex: _____ Age: _____ Young Middle age Old

Tone of voice and description: _____

Background sounds: _____

Time caller hung up: _____

Date: _____ Time: _____ Name of recipient: _____

Phone number on which call was received: _____

Remarks: _____

Internal Emergency Procedure

Critical Security Incident

Definition

A non-medical life safety situation, such as a person with a weapon, a barricaded subject, and/or hostage situation, and it is clear that isolating the area will decrease risk of harm to others. **“Critical Security Incident”** may be paged overhead.

Notification

1. Staff should call Public Safety at X13, stating their name, the location of the incident, and all critical information, threat to others, description of persons involved, weapons, etc.
2. Staff should remain on the phone, if safe to do so, until the Public Safety Dispatcher indicates that needed emergency information has been obtained.
3. Public Safety will consult with the caller and determine if a **“Critical Security Incident”** should be paged.

Public Safety Dispatcher

1. Will generate overhead tones and announce "Critical Security Incident" (location) three (3) times on the overhead page system. The Public Safety Dispatcher will then radio "Critical Security Incident" with a specific cause and location to all Public Safety personnel.
2. Dispatch Public Safety Personnel via radios to the location of the disturbance or closest adjoining area maintaining safe distance as to not aggravate the situation.
3. Notify Officer-In-Charge (OIC).
4. As directed by the OIC, notify additional responders (Rochester Police Department (RPD), Medical Emergency Response Team (MERT), etc.) and appropriate administrative staff.
5. When it is determined that it is safe, page **“Critical Security Incident”, All Clear”** (2 times) via the overhead page system.

Page Operator (If notified)

1. Notify Administrator-On-Call (AOC).
2. Notify Chief Safety Officer.
3. In case of disturbance involving patient care area, notify Senior Director for Nursing Practice or Clinical Resource Nurse.
4. Notify Public Relations Office or Officer-on-Call.

Public Safety Personnel

1. Responds to observe, report, and intervene only if situation allows.
2. Assess the safety risks.
3. Prevent /restrict access to reduce/prevent harm.
4. Identify what additional resources are needed to mitigate/resolve. A direct uniform presence may not be assigned to the immediate affected area as it may increase risk of danger/harm to persons in the area.
5. Inform Public Safety Dispatcher when the incident is safe, for initiation of an **“All Clear”** over head page.

Public Safety OIC

1. Respond to scene, if appropriate, and coordinate activity.
2. Request dispatcher to make appropriate notifications.

Chief Operations Officer or AOC

1. Reports to scene (command post if established) and assumes overall responsibility.

All Other Employees, if in the immediate/surrounding area shall:

1. Close patient unit doors.
2. Guide admitted patients and their visitors back to the patient's room or ask visitors to remain in the waiting areas.
3. Close patient room doors.
4. Wait for further instructions.

Employees not in the immediate/surrounding area shall:

1. Remain away from the affected area.
2. Wait for further instructions.
3. Refrain from contacting Public Safety about the situation unless they have information relevant to the emergency.

Internal Emergency Procedures

CHEMPACK Plan

Protocol for Security/Environmental Alarms:

Alarm Type: Temperature: <68F to >77F (internal) <59F to >86F (CDC)
Water (internal)
Door Contact – Intrusion (internal)
Power interruption or lost (CDC)
Sensaphone contact lost or interrupted (CDC)
Motion Sensor (internal)
Tamper (CDC)
Humidity below 60% (not monitored)

Notification

1. Alarms identified as internal go directly to Public Safety.
2. Alarms identified as CDC a call will be placed by the CDC to NYSDOH, NYSDOH to Public Safety.

Public Safety Dispatcher

1. Notify Pharmacy X5-5212 of the alarm type and request a representative with access and authorization to meet Public Safety at the room.
2. Dispatch a Public Safety Officer and additional back up unit.
3. Notify Facilities Customer Service Center X3-4567 (for environmental alarms only)
4. Contact Officer-In-Charge (OIC).
5. For asset compromises notify Monroe County 911 supervisor at 528-2234 and NYS Department of Health at (518) 292-2200.

Pharmacy

1. Obtain key and access codes from vault.
2. Let Facilities and Public Safety into the room.
3. Notify NYSDOH at (518) 292-2200 of finding and corrective actions for CDC monitored alarms only.

Facilities Customer Service Center

1. Dispatch appropriate Facilities personnel to investigate.

CHEMPACK Activation:

Notification

The following individuals are authorized to order the opening of the CHEMPACKS:

1. NYSDOH, CDC, Commissioner of Health, Emergency Management Director, or Monroe County Executive.
2. Strong or Highland ED Physician.
3. Call from 911 asking for assets.

Public Safety Dispatcher

1. Notify Pharmacy x5-5212 and request a representative with access and authorization to meet Public Safety at the room.
2. Dispatch a Public Safety Officer and notify Officer-In-Charge.
3. Notify Facilities Customer Service Center for manpower support to B-9070 (x3-4567).
4. Dispatch 2 Public Safety Officers to respond to ED to meet Monroe County Sheriffs and escort them to the S&A Loading Dock to transport EMS and Highland's CHEMPACKS.
5. If request came from Strong or Highland ED Physician, notify 911 Supervisor via 528-2234.
6. Notify the Administrator-On-Call.
7. Notify the Chief Safety Officer/Fire Marshal.
8. Notify the NYS Department of Health (518) 292-2200 that assets have been requested.

Pharmacy

1. Obtain key and access codes from vault.
2. Open the room.
3. Silence the alarm.
4. Unlock the CHEMPACK container padlock.
5. Use Attachment A (in SMH CEMP Plan 1.15) for partition breakdown:
 - a. Boxes H-1 (Red), H-3 (Yellow and Blue) goes to Strong ED.
 - b. Box H-2 (Green) goes to S&A Loading Dock for Highland ED.
 - c. Boxes E-3 (Orange) and E-4 (Green) goes to the S&A Loading Dock for EMS.
 - d. For EMS Atropen and Diazepam vials, the boxes marked "Open and Distribute" will need to be opened and color codes will need to be matched for distribution.
6. Use Attachment D (in SMH CEMP Plan 1.15) for Chain of Custody.

7. Unused assets when returned need to be inventoried using Attachment E (in SMH CEMP Plan 1.15).
8. Track down Attachment D (in SMH CEMP Plan 1.15) – Chain of Custody form from receiving areas (EMS or Highland).

Facilities Customer Service Center

1. Dispatch appropriate Facilities personnel to support distribution in B-9070.
2. Follow directions from the pharmacist if Highland Hospital and/or EMS CHEMPACKs are ordered to the S&A Loading Dock.

Internal Emergency Procedures

Biohazard Detection System (BDS) Alarm

Definition

The Biohazard Detection System (BDS) has been installed at the U.S. Postal Service Main Office on Jefferson Road. During regular mail sorting hours (14:30- 24:00, Monday through Saturday) the equipment continuously samples air and uses Polymerase Chain Reaction (PCR) technology to analyze trapped material every 90 minutes for *Bacillus anthracis*.

Notification

1. Monroe County 911 Communication Center will notify the Emergency Department (ED) that a BDS alarm has sounded and a response is being initiated.

Emergency Department

1. Call Public Safety at X13 and notify them the U.S. Postal BDS alarm has been activated.
2. Implement lock down procedures for the department.
3. Notify ED Administrator-On-Call (ED-AOC).

Public Safety Dispatcher

1. Dispatch Public Safety personnel to lock down ED.
2. Notify Officer-in-Charge (OIC) and other department administrators per OIC request.
3. Notify Page Operator.

Page Operator

1. Notify Administrator-On-Call.
2. Notify Chief Safety Officer.

Public Safety Personnel/OIC

1. Respond and secure ED (If situation warrants, don PPE stored at ED Public Safety Office).
2. Refer all U.S. uniformed postal workers to the decontamination room (or tent if applicable).
3. Refer all inquires by the media to Public Relations.
4. Assist any police agency that is contacted.

ED Employees

1. Assign staff to prepare for decontamination activities. Recommended PPE are gown, gloves, fit tested N-95 respirator.
2. Position triage staff at outside entrance to Emergency Department (Same PPE as listed in step 1 above).
3. Decontaminate potentially exposed person and bag their belongings if they have not undergone washing/showering and clothing change.
4. Provide medical care as clinically required.
5. Decontaminate decontamination room per protocols.

Internal Emergency Procedures

Tornado Warning

Definition

To provide guidelines for actions to be taken in the event of a tornado warning

Notification

1. The Director of Public Safety, the University Chief Safety Officer or senior hospital administrator will call Public Safety at X13 after receiving information of a tornado warning for Monroe County.

Public Safety Dispatcher

1. Make overhead page for a tornado warning if Medical Center is in direct path of tornado.
2. Notify Officer-in-Charge (OIC).

Page Operator

1. Notify Hospital Administrator-on-Call (AOC), and Public Relations.

Public Safety Personnel

1. Assist those in their immediate area by advising them of the situation and refer people to the appropriate safe areas.

Parking Personnel

1. Advise staff and visitors outside to seek shelter immediately.

Employees

1. Ambulatory patients and patients in wheelchairs should be placed in the bathrooms of their rooms.
2. Bedfast patients should be brought into the unit's interior corridor. If the patient cannot be brought into the corridor then move the bed as far away from the outside wall as possible, and turn the bed so the headboard is between the patient and any window.
3. Protect patients with blankets and pillows.
4. Close blinds or drapes to reduce flying debris.
5. Patient care employees should seek shelter in bathrooms or interior hallways.
6. All non-patient care personnel and visitors should take shelter below grade level or move to the nearest interior hallway away from any window and assume a squatting position with their heads and face down to protect them from flying debris.
7. If fire or smoke is detected in a facility under a tornado warning, occupants should move immediately beyond the fire doors when it is safe to do so. If a fire alarm is activated and there is no immediate threat of fire or smoke, an evacuation is not recommended during a tornado warning.

Internal Emergency Procedure

Active Shooter

Definition

An active shooter is an individual(s) actively engaged in killing or attempting to kill people in a populated area. The majority of the time there is no pattern or method to their selection of targets. These types of incidents occur very quickly and are mostly unpredictable. Generally law enforcement deployment is required to stop the shooting and minimize harm to victims.

Lockdown Directive: Usual threat is an intruder. Restrict access to your location; lock doors and windows and barricade entrances. Hide from view and silence your cell phone/pager/ radio/TV/computer. Cover yourself with anything capable of stopping or deflecting a bullet or flying debris.

Shelter-in-Place Directive: Usual threat is hazardous condition or weather. Go indoors, close and secure doors and windows. Take cover from flying glass and avoid windows.

Notification

1. CALL PUBLIC SAFETY (X13) and/or 911. Public Safety phones may be overwhelmed.
2. Give the location and describe the threat.
3. If you can't speak leave the line open so Public Safety/911 can hear what is going on.
4. Stay on the phone unless the Public Safety/911 Dispatcher directs you otherwise and it is safe to do so.

Public Safety Dispatcher

1. Obtain all pertinent information including a specific location and a description of the shooter.
2. Dispatch Public Safety personnel via radios to the location of the incident and the in-radio channels.
3. Notify Officer-in-Charge (OIC).
4. Notify other first responders (Rochester Police Department [RPD], Emergency Medical Services [EMS], Medical Emergency Response Team [MERT], etc.) and advise them of the location and the staging area location.
5. Notify Department of Public Safety Administrative staff for AlertUR and University Communications staff member on-call or VP for University Communications as directed by OIC.
6. When it is determined it is safe, page "All Clear" via overhead page (Two times).

Public Safety Personnel

1. Proceed in a safe manner making sure not to drive/walk directly to the building/area.
2. Take up a covered surveillance position and report back findings
3. Secure perimeters; prevent anyone from entering the area and direct those fleeing to a safe area.

Public Safety OIC

1. Respond to general area and establish Command Post to coordinate activity.
2. Request Dispatcher to make appropriate notifications.
3. Establish a Staging Area for EMS, RPD, etc.

Page Operator

1. Notify Administrator-on-Call (AOC) and Public Relations.
2. Notify Chief Safety Officer.

Director of Public Safety

1. Activate AlertUR.
2. Consult with Administrator-on-Call (AOC).
3. Consult with Chief Safety Officer.
4. Notify Dean of Students (if students are involved).
5. Notify Office of Senior Vice President for Administration and Finance.

Administrator-on-Call (AOC)

1. Open Hospital Command Center.

If Active Shooter Is In Your Building

1. **RUN** – If possible, evacuate whether others agree to or not. Notify anyone you may encounter to exit the building immediately.
2. Leave belongings.
3. Follow the instructions of law enforcement personnel.
4. **HIDE** - If evacuation is not possible, find a place to hide, lock the door, barricade the door and get out of the shooter's view. Do not huddle together.
5. Turn off the lights and shut the blinds.
6. Silence cell phones/pagers/radios/TV/Computer, etc.
7. Call 911 only if you can do so without alerting the shooter.
8. Do not answer the door. Unknown or unfamiliar voices may be false and may be designed to give you false assurances.
9. Formulate a plan if the shooter(s) enter your area.

10. **FIGHT** – As a last resort, and only if your life is in danger.

If Active Shooter Is NOT In Your Building

1. Lock doors, windows and close blinds.
2. Silence cell phones/pagers/radios/TV/Computer, etc.
3. Barricade the door; if possible hide behind large objects and remain silent and still. Develop plans as the incident evolves.
4. Do not answer the door. Unknown or unfamiliar voices may be false and may be designed to give you false assurances.

Senior VP for Administration and Finance

1. Notify University President and other senior leadership, as appropriate.

Internal Emergency Procedure

Condition Decon

Definition

A condition decon is a situation in which a patient needs decontamination following exposure to a chemical, biological, radiological or nuclear contaminant by Emergency Department (ED) staff.

Charge Nurse

1. Verify type of event and number of victims and condition.
2. Brief ED Decon Team Leader on situation and develop action plan.
3. Have attending assign a resident to team.
4. If greater than 6 patients is anticipated, contact the Facilities Customer Service Center at X3-4567 requesting their response for tent set-up.
5. Notify Public Safety at X13.

Notification (By ED staff only as directed by Decon Team Leader)

1. Dial *1999 at tone, dial *09 to activate ED overhead paging system.
2. Call "CONDITION DECON to <ambulatory entrance> or <Ambulance Entrance> or other appropriate location where patient is located.

ED Staff Member Identifying Contamination

1. Immediately direct contaminated patient OUTSIDE to decontamination room entrance.
2. Keep 3-6 feet away while avoiding contact.
3. Evacuate area if needed until determined free from contamination.
4. Watch for additional potentially contaminated patients.
5. Notify Charge Nurse.

Public Safety Personnel

1. Monitor decon/ambulance entrance.
2. Lockdown ED if warranted.
3. Don appropriate PPE.
4. Monitor ambulatory entrance and screen patients. Send contaminated patients to Decon Room; all others may enter ED without decon.
5. If the ambulatory entrance/ED lobby is determined to be contaminated by the Decon Team Leader, redirect patients/visitors to other entrances.

Decon Team Leader

1. Review Decon Team Leader Job Action Sheet (5.B.21.1).
2. Meet patient outside decon room. Remember to keep 3-6 feet away from patient.
3. Declare "Condition Decon" and update Charge Nurse.
4. Brief Decon Team.
5. Determine level of PPE and level of decontamination (Patient ambulatory with no signs & Symptoms Level D, otherwise Level C).
6. If decon tent is needed, notify Charge Nurse.
7. Have exposed patient don modesty garment.
8. Have patient self decontaminate or assign staff to decontaminate patient.
9. Monitor decontamination process and request additional assets as necessary.
10. Call "All Clear" message after the situation is over via the *1999 overhead system.

Decon Team Member (Resident + 1 Nurse, + Suit Support)

1. See Decon Team Member Job Action Sheet (5.B.21.6).
2. Empty decon room.
3. Assemble PPE.
4. If Team Leader requests, suit up.
5. Don PPE in EMS or by trauma bay area.
6. Clean Decon room and restock used items.

Communications Nurse/Secretary

1. Notify ACC/CRN adult at X5-0675 for support staff if requested by Charge Nurse.
2. Notify ACC Peds at X5-7294 for support staff if requested by Charge Nurse.
3. Notify Poison Control at 1-800-222-1222.
4. Notify Labs at X3-1993.
5. Notify Hospital AOC.
6. Notify Blood Bank at X5-2251.
7. Notify OR at X5-9922.
8. Notify Behavioral Health at X5-4501.
9. Notify Social Work at X5-1915.
10. Notify Imaging Science at X5-1111.

Public Safety Dispatcher

1. Notify EH&S.
2. Notify Environmental Compliance (Hazardous Waste) at X5-2056.